FLORIDA
CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN -9 AM 9:23
CHIEF OF CORPORATIONS

# DOCUMENT # S60672 (0)

1. Corporation Name
THE CAULIFLOWER GROUP ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 323 E. KENNEDY BLVD.<br>EATONVILLE FL 32751<br>US | 323 EAST KENNEDY BLVD.<br>EATONVILLE FL 32751<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1991
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3142339 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ANDERSON, LORELEI F.<br>809 PINE MEADOWS RD<br>ORLANDO FL 32825 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PVT | 1.1 TITLE | ☒ Change ☐ Addition<br>PRESIDENT/TREASURER |
| NAME | ANDERSON, LORELEI F | 1.2 NAME | ANDERSON LORELEI F |
| STREET ADDRESS | 809 PINE MEADOWS RD | 1.3 STREET ADDRESS | 809 PINE MEADOWS RD |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | ORLANDO FL 32825 |
| TITLE | SCM | 2.1 TITLE | ☒ Change ☐ Addition<br>VICE PRESIDENT/DIRECTOR |
| NAME | ANDERSON, LORELEI F | 2.2 NAME | FRANCIS T. CLINTON |
| STREET ADDRESS | 809 PINE MEADOWS RD | 2.3 STREET ADDRESS | 809 PINE MEADOWS RD |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | ORLANDO FL 32825 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition<br>CHAIRMAN/MANAGING DIRECTOR |
| NAME | | 3.2 NAME | ANDERSON LORELEI F. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 809 PINE MEADOWS RD. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorelei F. Anderson 6/6/95 (407) 647-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORELEI F. ANDERSON

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